

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17694

State File No.

Registrar's No.

Primary Registration District No. 5312

Registration District No. 83

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Clarks Fork (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home / Ambulatory Surg
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community Life years, months or days)

3. (a) PRINT FULL NAME Eda Schwitzky Hein

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Hein 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Jan. 29 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 2 29 hr. min.

9. Birthplace Friendship Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Robert Schwitzky

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Johnmeyer 4

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Hein

(b) Address Bunceton, Mo

17. (a) Burial (b) Date thereof April 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lone Elm, Mo

18. (a) Signature of funeral director Stegner-Koenig

(b) Address Boonville, Mo

19. (a) May 4, 1943 (b) Mrs. N. L. Koenig
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27
(c) City or town Clarks Fork (Rural) 1
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 th
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from July 24 1942 to April 26 1943
that I last saw her alive on April 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 22 hrs

Due to Hypertension 6 yrs

Due to 1

Other conditions (Include pregnancy within 3 months of death) g 3a

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature A. B. Crater (M.D. or other) Do

Address _____ Date signed 4/29/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District Site Number

Date Filed

6-2-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

James W. Segron

Licensed Embalmer No. 3780

P. O. Address *Bonwell, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.